

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/913118

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2							52						
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47							97						
48							98						
49							99						
50							100						
TOTAL	1						TOTAL						
TOTAL	13						TOTAL						
TOTAL	174						TOTAL						
CLAIMS							CLAIMS						

BEST AVAILABLE COPY